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PTO/S9/06 (08-03)
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(ademark Officer U.S. DEPARTMENT OF COULSERCE

| تے | nder the Papere | ork Reduction Act | of 1995, n | o persons ere race | dred to respond | i to a collection o | Information o | riess i dispi | BAO MEY 6 ST | control number. | |
|---|---|--|--------------|------------------------|------------------|---------------------|------------------|-------------------|-------------------|------------------|---|
| L | PA | TENT APPLI | CATIO | N FEE DETE | RMINATIO | ON RECOR | | | 17822 | | 1 |
| | | CLAIMS AS | FILED | -PARTI | | COLLAN | LEATTRY | OR | | R THAN | |
| 一 | (Column 1) (Column 2). | | | | 1 | SWALL ENTITY | | SMALL | BVITTY | ł | |
| BASIC FEE | | | NUMB: | ERESPO | RATE | FEE | | RATE | FEE | | |
| (07 CFR 1.18(4)) | | | | | | | OR | | <u> </u> | Ì | |
| β7 | OFA 1.16(d) | · | colinus 20 ° | | | | | سوو [_ | <u> </u> | | |
| | EPENDENT CLA CFR 1.16(b)) | JACS | ecinus 3 | | | X 5 | | OR | x 5 • | | |
| MU | LTIPLE DEPEND | ENT CLAIM PRESE | м / г | 37 CFR 1.16(0)) | | 1 | 7 | OR | +5 | | |
| " If the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | TOTAL | | OR | TOTAL | · | 1 |
| | c | LAIMS AS AM | ENDED | -PART II | | | | ٠. | | | |
| | | (Column 1) | | (Cotumn 2) | (Cotono 3) | SMAL | LENTITY | OR | | R THAN ENTITY | |
| Α: | | CLAIMS REMAINING | | FOGHEST NUMBER | PRESENT | RATE | ADOI: | `T```` | RATE | ADDI | |
| AMENDMENT | | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | EXTRA | | TIONAL | . | | TIONAL | |
| | Cotati Cota i relico | 59 | Minus | . 22 | • | | | OR | × 50. | | |
| | Independent (37 CFR 1.15(b)) | 4 | Mires | - 4 | • | xs | | J 🚆 | x :204 - | 1 | |
| AM | FIRST PRESEN | FATION OF MULTIPL | E DEPEND | ENT CLAIM (37 OF | R 1.1668 | | | J 082 | | | 1 |
| | <u> </u> | | | | • | TOTAL | | 1,32 | TOTAL | | |
| | | | | | | ADD'L FEE | | △ | ADD'L FEE | L | |
| | | (Column 1) | | (Column 2) HIGHEST | (Cotumn 3) | | , _ _ | _ | · | | |
| 19 | | REMAINING AFTER | | MUMBER PREVIOUSLY | PRESENT EXTRA | RATE | ADDI- | 1 | RATE | ADDI- | · |
| N. | Total | AMENDMENT | 100-00 | PAD FOR | | | FEE | 4 | | TIONAL FEE | |
| AMENDMENT | to cus ruco | 59 | Minus | .54 | | 2.5 | | OR | x 5 3 | | |
| ē | D) CER CROD | 4 | Minus | " 4 | ·/ | x 8 | $\perp I = 1$ | OR | A 5 | | |
| ৰ | FORST PRESENTATION OF MULTIPLE DEPENDENT CLAIM D7 CFR 1,18(1)) | | | | | . +5 | 1/ | OR | | | |
| | | | | | | TOTAL ADD'S FEE | * | o _R | TOTAL ADDL FEE | | |
| | | Make - A | | | | WO C PER | ш_ | _ ₩ | TUDE FEE | <u> </u> | |
| (Column 1) (Column 2) (Column 3) CLAIMS MIGREST | | | | | | | 1 | 7 | | | |
| MENDMENT C | | REMAINING AFTER | | NUMBER PREVIOUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL | 1. | RATE | ADDI- TIONAL | |
| | Total | AMENDMENT | Minus | PAID FOR | = (| | FEE | 4 | | FEE | |
| | Dr CFR L 40ch | 54 | | 59 | | 23 | | OR | x 5= | | |
| | CIT COR LINDS | Ψ | Ninus | - φ | • | A 3 | | OR | x 5 • | | |
| A | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CPR 1, 16(11)) | | | | | + 5 | | OR | | | • |
| _ | | | *** | | | TOTAL ADDIL FEE | | OR OR | TOTAL | | |
| • | if the entry in ca | olumn t is less than | n the entry | in column 2, write | O'in column: | 3. | - | _, _{(**} | ADD'T FEE | L | |
| | If the "Highest N | Number Previously Number Previously | Paid for I | DN THIS SPACE # | i less tran 1, o | nter "3". | } | | | | |
| | The "Highest Ms | amber Previously P | aid For (1 | latal or Independe | rt) is the highe | rat number found | in the aggree | iste box in o | dume 1. | | l |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, propering, and-submilling the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the emount of time you require to complete this form enables to suppose to be used in should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, OD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA-22313-1450.

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